Ticket Reservation Form

☐ **SUPERNOVA TABLE - $3500**

- Table of 10 with preferred placement
- Invitation for table guests to the Starlight Pre Reception
- VIP Registration and coat check for all guests
- Limousine to and from the Gala from one location
- Program, table and screen recognition
- Concierge table service
- Upgraded beverage service during dinner
- Tax deductible receipt ($1500)

☐ **ANDROMEDA TABLE - $2000**

- Table of 10
- Program, table and screen recognition
- Tax deductible receipt ($1000)

☐ **INDIVIDUAL TICKETS - $200**

- Tax deductible receipt ($100)
  $200 X _____= $_____

Name:_____

Company Name:_____

Address:_____ Postal Code:_____

Contact Person:_____ Telephone:_____

Email:_____

The following guests will be attending:

1._____ 2._____ 3._____

4._____ 5._____ 6._____

7._____ 8._____ 9._____

10._____

With regret, we are unable to attend the Gala, but wish to make a contribution of $_____ to support the Hospital

METHOD OF PAYMENT: ☐ Cheque ☐ Visa ☐ MasterCard (Please make cheques payable to the Sturgeon Community Hospital Foundation)

Credit Card #:_____Expiry Date_____

Signature:_____ Name on Card (please print):_____

201 Boudreau Road, St. Albert, Alberta T8N 6C4 Fax: 780.418.7406 or
Email: sturgeonhospitalfoundation@albertahealthservices.ca